

TO: The Honorable Toni Nathaniel Harp, Senate Chair
The Honorable John Geragosian, House Chair
The Honorable Dan Debicella, Senate Ranking Member
The Honorable Craig Miner, House Ranking Member
Members of the Appropriations Committee

The Honorable Paul Doyle, Senate Chair
The Honorable Toni Walker, House Chair
The Honorable Robert Kane, Senate Ranking Member
The Honorable Lile R. Gibbons, House Ranking Member
Members of the Human Services Committee

FROM: Michael P. Starkowski
Commissioner

RE: **PROPOSED 1915(c) HOME AND COMMUNITY BASED SERVICES
WAIVER AMENDMENT**

DATE: April 5, 2010

Enclosed please find a waiver amendment to Connecticut's Home and Community Based Services Waiver (0140.90R3), the Home and Community Based Services Waiver for Elders, ages 65 and older. The purpose of the amendment is to add Personal Care Assistance as a waiver service as required by PA 09-64. We are proposing to offer this as a self-directed service, giving employer authority to waiver participants. The service has been available to waiver participants as a fully state funded service since July 2000. The effective date being requested for these changes is July 1, 2009. The 2005 waiver application that we are proposing to amend can be found at <http://www.ct.gov/dss/lib/dss/pdfs/2005waiverapplication2.pdf>.

Thank you for the opportunity for us to share this with you prior to our submission to CMS. I look forward to the opportunity to present the proposed amendment in greater detail before your committees.

Thank you.

cc: The Honorable M. Jodi Rell, Governor
The Honorable Robert Genuario, Secretary, OPM

**SECTION 1915(c) HOME AND COMMUNITY-BASED SERVICES WAIVER
APPLICATION**

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a. ☒ Yes

b. ☐ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

Assisted living services shall be limited to service areas covered by Pilot Projects established under Public Act 97-2 of the June 18th Special Session and See PA 97-2 and PA 98-239 and PA 02-7.

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

a. ☒ Case management

b. ☒ Homemaker

c. ☐ Home health aide services

d. ☒ Personal care services

e. ☒ Respite care

f. ☒ Adult day health

g. ☐ Habilitation

☐ Residential habilitation

☐ Day habilitation

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18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.
19. An effective date of July 1, 2009 is requested.
20. The State contact person for this request is Kathy Bruni, who can be reached by telephone at (860) 424-5177.
21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by CMS, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature:

Print Name: Mark Schaefer

Title: Director of Medical Care Administration

Date: April 5, 2010

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449. The time required to complete this information collection is estimated to average 160 hours for each new and renewed waiver request and an average of 30 hours for each amendment, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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b. x Homemaker:

 x Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

 x Other Service Definition (Specify):
In addition, laundry services may be provided by professional cleaning companies.

c. Home Health Aide services:

 Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

 Other Service Definition (Specify):

d. x Personal care services:

 x Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This services may include assistance with preparation of meals, but does not include the cost of the meals themselves. when specified in the plan of care, this service may also include such housekeeping chores as bedmaking, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

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1. Services provided by family members (Check one):

☐ Payment will not be made for personal care services furnished by a member of the individual's family.

☒ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse. For Waiver participants who reside with a family member that is being paid as a PCA, the payment for PCA services is limited to hands on care only and there will be no reimbursement to that family member for the usual household functions including but not limited to, housekeeping, shopping, laundry, meal preparation and transportation.

Justification attached. (Check one):

☒ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

☐ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

☐ A registered nurse, licensed to practice nursing in the State.

☐ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

☒ Case managers

☐ Other (Specify):

3. Frequency or intensity of supervision (Check one):

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 x As indicated in the plan of care

 Other (Specify):

4. Relationship to State plan services (Check one):

 x Personal care services are not provided under the approved State plan.

 Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

 Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

 Other service definition (Specify):

e. x Respite care:

 x Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

 Other service definition (Specify):

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

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APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

| Service | Provider | License | Certification | Other Standard |
|------------------------------------|---|---------------------------------|---------------|--------------------------------|
| 1b-1-a Care Management | Registered Nurse or Social Worker | CT Regulations 19-13-D66-D79 | | CT Regulations 17b-342-2(a) |
| 2B-1b Homemaker | Non relative able to meet the individual's needs. In addition, laundry services may be provided by professional cleaning companies | | | CT Regulation 17b-342-2(h) |
| 3B-1-e Respite | Nurse, Home Health Aide, Companion, etc. depending on the need and the reason authorized | | | CT Regulations 17b-342-2(l) |
| 4B-1-f Adult Day Health | Adult Day Health Center | | | CT Regulations 17b-342-2(b) |
| 5B-1-j Transportation | Private and Commercial Carriers | | | CT Regulations 17b-342-2(m) |
| 6B-1-l Chore | Non relative able to meet the Individual's needs | | | CT Regulations 17b-342-2(c) |
| 7B-1-m PERS | PERS Provider with 24 hours Response capability | | | CT Regulations 17b-342-2(k) |
| 8B-1-n Companion | Non relative able to meet the Individual's needs | | | CT Regulations 17b-342-2(d) |
| 9B-1-t Mental Health Counseling | Masters level or Certified Social Worker or Counselor | | | CT Regulations 17b-342-2(j) |
| 10B-1-s Home Delivered Meals | Home Delivered Meals Providers | | | CT Regulations 17b-342-2(f) |
| 11B-1-r Adult Family Living | Private, Non-relative's residence That meets standard | | | CT Regulations 17b-342-2(e) |

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| | | | | |
|------------------------------------|--|--|--|---|
| 12B-1-r Assisted Living | Licensed Assisted Living Service Agency | | | CT Regulations 17b-342-2(e) 17b-365 & PA 97-2 |
| 13b-1h Minor Home Modifications | Non relative able to meet the Individual's needs | | | PA 00-2 |
| 14B-1d Personal Care | Non legally liable relative able to m individual's needs | | | Each PCA must be: <ul style="list-style-type: none">• At least 18 years of age• Able to understand and carry out directions given by the client• Able to physically perform the duties on the plan of care• Willing to receive training in the duties to be performed• Able to handle emergencies• Able to maintain an effective working relationship with the client, and operate any special equipment needed to help with activities of daily living.• Must be non-legally liable relative |

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

_____ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

 x Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

_____ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

_____ Other (Describe in detail):

ATTACHMENT TO APPENDIX F

All claims except Personal Care Assistant are processed through the state's Medicaid Management Information System (MMIS). The PCA claims are currently paid through a contract with the fiscal intermediary that also serves the clients on Connecticut's PCA Waiver program.

The fiscal intermediary provides monthly reports to the Department identifying expenditures for each client. The expenditures are based on weekly time sheets signed by both the provider (PCA) and the participant. The time sheets are compared to the authorized plan of care prior to initiating payment. The fiscal intermediary retains those time sheets for the purpose of an audit trail. Claiming for these services will be based on the monthly reports provided by the contractor for waiver participants. Payments through CORE CT (contracts) are made from a separate account than the account that MMIS claims are paid from. This ensures that the state can reconcile the claims to be sure they are only claimed once.

It is our intention to change this process with the waiver renewal effective 7/1/10 and have the fiscal intermediary bill all claims for PCA through the MMIS.

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APPENDIX G-8

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1
COMPOSITE OVERVIEW
COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: NF

| YEAR | FACTOR D | FACTOR D' | FACTOR G | FACTOR G' |
|------|----------|-----------|----------|-----------|
| 1 | 8,016 | 4,304 | 49,620 | 3,317 |
| 2 | 8,326 | 5,164 | 51,000 | 3,447 |
| 3 | 8,356 | 5,964 | 53,000 | 3,577 |
| 4 | 8,395 | 6,824 | 55,000 | 3,707 |
| 5 | 8,992 | 6,580 | 57,000 | 3,837 |

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APPENDIX G-2
 FACTOR D
 LOC: NF

Demonstration of Factor D estimates: (see Attachment 4)

Waiver Year 1 _____ 2 _____ 3 _____ 4 _____ 5 x _____

| | | | | |
|-------------------|----------------------------------|-----------------------------|------------------------------|-------|
| Waiver Service | #Undup. Recips. using service | Avg. # annual units/user | Avg. Unit Cost of service | TOTAL |
|-------------------|----------------------------------|-----------------------------|------------------------------|-------|

| Column A | Column B | Column C | Column D | Column E |
|---|----------|----------|----------------------|-------------|
| 1. Case Management | 16,000 | 340 | Per day 4.75 | 25,840,000 |
| 2. Adult Day Health | 2,100 | 89 | Per day 65 | 12,148,500 |
| 3. Chore | 2,900 | 400 | 1/4 hour 4.2 | 4,872,000 |
| 4. Companion | 5,000 | 990 | 1/4 hour 3.71 | 18,364,500 |
| 5. Adult Family Living | 1 | 365 | Per day 37.27 | 13,604 |
| 6. Meals | 6,500 | 350 | 2 meals 9 | 20,475,000 |
| 7. Homemaker | 9,250 | 1,205 | 1/4 hour 4.2 | 46,814,250 |
| 8. Mental Health Counselor | 620 | 18 | per home visit 55.87 | 623,509 |
| 9. Personal Emerg. Response | 9,100 | 12 | Per month 60.09 | 6,561,828 |
| 10. Respite | 200 | 30 | Per day 167 | 1,002,000 |
| 11. Non-Medical Transportation | 240 | 30 | Per avg trip 20 | 144,000 |
| 12. Assisted Living | 300 | 12 | Per month 1,100.00 | 3,960,000 |
| 13. Minor Home Mods | 30 | 1 | Per Unit 2,000.00 | 60,000 |
| 14. Personal Care Assistant | 300 | 2,340 | Per Unit 13.88 | 9,742,228 |
| Grand Total (sum of Column E): | | | | 150,621,419 |
| Factor C | | | | 16,750 |
| Factor D (per capita average) : Divide total by Factor C: | | | | 8,992 |

AVERAGE LENGTH OF STAY: 340

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